



05/16/2006 06:20 FAX 732 530 9808

PATTERSON & SHERIDAN

002/003

05/16/2006 HDEMESS2 00000023 200782 09733808

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

56015 7590 02/23/2006

PATTERSON & SHERIDAN, LLP/
SEDNA PATENT SERVICES, LLC
595 SHREWSBURY AVENUE
SUITE 100
SHREWSBURY, NJ 07702

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| | |
|------------------------|---------------------|
| Laura E. Crater | (Depositor's print) |
| <i>Laura E. Crater</i> | (Signature) |
| 5/16/2006 | |
| (Date) | |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/733,808 | 12/08/2000 | Danny Chin | DIVA/241 | 3084 |

TITLE OF INVENTION: METHOD AND APPARATUS FOR PERFORMING USER MIGRATION WITHIN A VIDEO ON DEMAND ENVIRONMENT

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-----------------|--------------|----------------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 05/23/2006 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| NGUYEN, QUANG N | 2141 | 709-231000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Patterson &

Sheridan, LLP

1 _____

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SEDNA PATENT SERVICES, LLC Philadelphia, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card, Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-0782 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Eamon J. Wall

Date

5/15/06

Typed or printed name

EAMON J. WALL

Registration No. 39,414

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TELEFAX COVER SHEET

PATTERSON & SHERIDAN, LLP

ATTORNEYS AT LAW
 595 SHREWSBURY AVENUE
 FIRST FLOOR
 SHREWSBURY, NJ 07702
 TELEPHONE (732) 530-9404
 TELEFAX (732) 530-9808

 THIS TELEFAX MESSAGE IS ADDRESSED TO THE PERSON OR COMPANY
 LISTED BELOW. IF IT WAS SENT OR RECEIVED INCORRECTLY, OR YOU ARE
 NOT THE INTENDED RECIPIENT, PLEASE TAKE NOTICE THAT THIS MESSAGE
 MAY CONTAIN PRIVILEGED OR CONFIDENTIAL MATERIAL, AND YOUR DUE
 REGARD FOR THIS INFORMATION IS NECESSARY. YOU MAY ARRANGE TO
 RETURN THIS MATERIAL BY CALLING THE FIRM LISTED ABOVE AT (732) 530-9404

THIS MESSAGE HAS 3 PAGES INCLUDING THIS SHEET

TO: Commissioner for Patents
 FAX NO.: 571-273-2885
 FROM: Eamon J. Wall
 DATE: 5/16/2006
 MATTER: Serial No. 09/733,808 Filed: 12/8/00
 DOCKET NO.: SEDN/241
 APPLICANT: Danny Chin

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

| | |
|--|--|
| <input type="checkbox"/> Petition | <input type="checkbox"/> RCE Transmittal Letter (2 copies) |
| <input type="checkbox"/> Disclosure Statement & PTO-1449 | <input type="checkbox"/> Fee Transmittal (2 copies) |
| <input type="checkbox"/> Priority Document | <input checked="" type="checkbox"/> Deposit Account Transaction |
| <input type="checkbox"/> Drawings (<u> </u> sheets) informal | <input checked="" type="checkbox"/> Facsimile Transmission Certificate dated <u>5/16/2006</u> |
| <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> PTOL-85 Fee Transmittal |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being transmitted by facsimile to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 5/16/2006, Facsimile No. 571 273 2885.

LAURA E. CRATER
 Name of person signing this certificate


5/16/2006
 Signature and date